State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070 SO. SEC. OF STATE Sone pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee SD Association of Video Lottery Establishments Complete Mailing Address POBOX 7123 Piecre SD 57501 Name of Person Making Report Caren Association of Video Lottery Establishments If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) Per Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT I Caren Association for the grant of the best of my knowledge and belief it is true, correct and to the best of my knowledge and belief it is true, correct and complete.
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report. Name of Candidate or Committee 50 Association of Video Lottery Establishments Complete Mailing Address POBOX 7133 Piecre SO 57501 Name of Person Making Report Caren Assman Daytime Phone Number 605-945-3373 If you are a candidate, what office are you seeking? If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed. Type of Report (See pages 4 & 5 of Guideline Book) For Reporting Period Ending (See pages 4 & 5 of Guideline Book) The following verification must be completed before submitting report. VERIFICATION OF PERSON MAKING REPORT 1 Caren Assman (print name legibly), certify that I have examined
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I (print name legibly), certify that I have examined
and report and to the best of my knowledge and benefit is true, correctand complete.
Date: 2-2-04 Candidate Signature or Signature of Committee Treasurer or Chairperson
Revised July 2001
Filed this day of
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Chi /lelson SECRETARY OF STATE

Name of Candidate or Committee			
For the reporting period ending			
combine all contributions of \$100 or contributions on their respective line year from an individual or political p amount, name, address and place of	Schedule A – Direct Collidered contributions. You must keep less from individuals and the same first below and on the next page. Any contributions from PAC's employment (if applicable) of the corruplicated if you need more space, or your specific page 1.	o a record of all contributors, but for rom political parties and enter these sontribution of more than \$100 or agg is must be entered as a separate item attributor. Each type of contributor has you may attach additional sheets of p	regate during a calendar (itemized) giving the is their own section for
Unitemized Contributions from In	dividuals:		*\$
Itemized Contributions from Individuals Place of Employment Name Residence Address (Name of Employer)			_
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Total of Itemized Contributions from Individuals:

Appendix B	

Name of Candidate or Committee	·
or the reporting period ending	
Schedule A – Direct Contributions	(continued)
nitemized Contributions from Political Parties:	*\$
remized Contributions from Political Parties	
Party Name Addr	ess
	\$
	\$
otal of Itemized Contributions from Political Parties:	*\$
emized Contributions from Political Action Committees (PAC's) - All contrib	
PAC Name Addr	\$
	\$
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	\$

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Name of Candidate or Committee:		
For the reporting period ending:		
Schedule B List on this schedule fund-raising events held to rais contributor gives more than \$100 or their contribution contributions must be itemized on Schedule A.	- Fund-Raising Events Proceeds to money for the candidate and the net proceeds on results in their aggregate being more than \$100 cm.	erived from each event. If a 0 in the calendar year, those
Type or Name of Event		Net Proceeds
Total:		
Report all non-cash contributions of goods or service contributor, residence address and place of employers	nent must be reported. Name, Residence Address &	
Nature of Non-Cash Contribution	Place of Employment	Estimated Value
		<u> </u>
Total:		
I OURC		
Sch Use this schedule to report any refunds, interest earn	nedule D - Other Income ned or other income which is not a direct contribu	ution.
Source of Income		Amount
		
Total:		

Name of Candida	ate or Committee:_			
For the reporting period ending:				
This schedule is to repexpenses. All other ex	oort all expenditures rela xpenses should be listed	Schedule E – Expenditures ting to a candidate's campaign. Line items have bee All contributions to candidates and committees	en provided for reporting common must be listed individually.	
_	penses	Contributions Made to Candidates and Committees		
Advertising Consulting Postage Printing Rent Salaries	Amount	Name of Candidate or Committee	Amount	
Telephone Travel Utilities				
List other expense items below	List other expense amounts below			
Park sage	3(e,0)			

Total Expenditures:

	Schedule F - Debts and Oblig	gations
is schedule is to report all o	of the candidate's campaign obligations which are unpailed, estimate the amount of the obligation.	aid at the end of the reporting period. If a serv
s been contracted but not bi	lled, estimate the amount of the obligation.	
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wed to:	Purpose:	Amount
		
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Name of Candidate or Committee:

	me of Candidate or Committee: 50 Asso. of Video Lottery	Appendix B Establishments	
r O	the reporting period ending:		
Summary Page This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.			
1.	Amount on hand, if any, at the beginning of the reporting period:	\$ 19.80	
2.	Receipts		
	Schedule A - Direct Contributions \$		
	Schedule B - Fund-Raising Events \$		
	Schedule C - In Kind Contributions \$		
	Schedule D - Other Income \$		
	Total of all Receipts \$		
3.	Total Monetary Receipts (A+B+D)	\$	
4.	Candidate's Personal Contribution to Own Campaign	\$	
5.	Monetary Loans to Candidate or Committee During Reporting Period	\$	
6.	Monetary Loans Repaid During Reporting Period	\$	
7.	Expenditures - Schedule E	\$ 30.00 270	
8.	Unpaid Obligations - Schedule F \$		
9.	Amount on hand at the close of this reporting period. * This should equal lines (1+3+4+5) – (6+7)	\$ <u>83.80</u>	

monthly bank Fres

#36.00

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